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· UNITED STATES PATENT AND TRADEMARK OFFICE **ACKNOWLEDGEMENT RECEIPT**

Electronic Version 1.1 Stylesheet Version v1.1.1 ·



Title of Invention

VAPOR RECOVERY SYSTEM WITH ORVR COMPENSATION

Submission Type:

Information Disclosure Statement

Application Number:

10/727689

10/727689

EFS ID:

73329

Server Response:

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First Named Applicant:

Eric Riffle

Attorney Docket Number: 2400-781

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2004-11-30 14:21:11 EDT

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File Listing:

Doc. Name	File Name	Size (Bytes)		
us-ids	IDS2-usidst.xml	2077		
us-ids	us-ids.dtd	7763		
us-idş	us-ids.xsl	12026		
package-data	IDS2-pkda.xml	1834		
package-data	package-data.dtd	27025		
package-data	us-package-data.xsi	19263		
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ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18 Stylesheet Version v18.0

> Title of Invention

VAPOR RECOVERY SYSTEM WITH ORVR COMPENSATION

Application Number:

10/727689

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Confirmation Number:

8651

First Named Applicant: Eric Riffle

Attorney Docket Number: 2400-781

Art Unit:

3751

Examiner.

Timothy Maust

Search string:

(3815327 or 6302165).pn.

Certification: This Information Disclosure Statement was submitted under the following conditions, which satisfies the requirement under 37 CFR 1.97(e). The filer certified:

That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement.

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
	1	3815327	1974-06-11	Viland		55	80
	2	6302165	2001-10-16	Nanaji et al.	B1	141	59

Remarks

Note: Remarks are not for responding to an office action.

This IDS is being submitted concurrently with a Request for Continued Examination, and as such, no additional fees should be necessary.

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Signature		ار ا
Examiner Name	Date	
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